Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

10828489

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			19		· ·			RATE	FEE	7	RATE	FEE
FOR						WARED EVERA		BASIC FEE		1	BASIC FEE	
FOR			NUMBER FILED		NUMB	NUMBER EXTRA		BASIC FEE	365.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			<i>į́ 9</i> ′ minus 20=		• 0			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			3 minus 3 =		* D			X43=		OR	X86=	
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR	+290=	
* If the difference in column 1 is less than zero, enter "(olumn 2		TOTAL		OR	TOTAL	770
CLAIMS AS AMENDED - PART II								OTHER THAN				
		(Column 1)	(Column 2)			(Column 3)	1 -	SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A	·	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIC PAID I	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		-		X43=		OR	X86=	
L	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	ENDEN	CLAIM		' [+145=		OR	+290=	
								TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
	,	_	ODII. FEE		,	ADDII. 1 EE	_					
AMENDMENT B		(Column 1) CLAIMS REMAINING		(Colun HIGHI NUME	EST	(Column 3)	1 г		ADDI-	ĺ		ADDI-
		AFTER AMENDMENT		PREVIO PAID I	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	drára.		= .		X43=		OR	X86=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									Un		
			L	+145=		OR	+290=					
				A	TOTAL DDIT, FEE		OR	TOTAL ADDIT. FEE				
(Column 1) (Column 2) (Column 3)												•
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
'	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									UH		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=	
**	f the "Highest Nur	mber Previously Pa mber Previously Pa	id For IN THIS	S SPACE is	less than	20, enter *20.*	· AI	TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE	<u>-</u>
		ber Previously Paid					r foun	id in the app	ropriate box	in col	umn 1.	